

CONFIDENTIAL WELL COMPLETION FORM

1140721

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

| WFI | L. | HISTORY | - DESCRIP | WELLS | λIFA | SF |
|-----|----|---------|-----------|---------|------|----|
| | | | - DESCRIF | VVLLL C | | |

| OPERATOR: License # | API No. 15 | | | |
|---|---|--|--|--|
| Name: | Spot Description: | | | |
| Address 1: | | | | |
| Address 2: | Feet from North / South Line of Section | | | |
| City: State: Zip:+ | Feet from Cast / West Line of Section | | | |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: | | | |
| Phone: () | | | | |
| CONTRACTOR: License # | County: | | | |
| Name: | Lease Name: Well #: | | | |
| | Field Name: | | | |
| Wellsite Geologist: | | | | |
| Purchaser: | Producing Formation: | | | |
| Designate Type of Completion: | Elevation: Ground: Kelly Bushing: | | | |
| New Well Re-Entry Workover | Total Depth: Plug Back Total Depth: | | | |
| | Amount of Surface Pipe Set and Cemented at: Feel | | | |
| Gas D&A ENHR SIGW | Multiple Stage Cementing Collar Used? Yes No | | | |
| □ OG □ GSW □ Temp. Abd. | If yes, show depth set: Feet | | | |
| CM (Coal Bed Methane) | If Alternate II completion, cement circulated from: | | | |
| Cathodic Other (Core, Expl., etc.): | feet depth to:w/sx cmt | | | |
| If Workover/Re-entry: Old Well Info as follows: | | | | |
| Operator: | | | | |
| Well Name: | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) | | | |
| Original Comp. Date: Original Total Depth: | | | | |
| Deepening Re-perf. Conv. to ENHR Conv. to SWD | Chloride content: ppm Fluid volume: bbls | | | |
| | Dewatering method used: | | | |
| Plug Back: Plug Back Total Depth | Location of fluid disposal if hauled offsite: | | | |
| Commingled Permit #: | Operator Name: | | | |
| Dual Completion Permit #: | Operator Name: | | | |
| SWD Permit #: | Lease Name: License #: | | | |
| ENHR Permit #: | Quarter Sec TwpS. R East West | | | |
| GSW Permit #: | County: Permit #: | | | |
| | | | | |
| Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date | | | | |

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

| KCC Office Use ONLY | | | | | |
|------------------------------------|--|--|--|--|--|
| Letter of Confidentiality Received | | | | | |
| Date: | | | | | |
| Confidential Release Date: | | | | | |
| Wireline Log Received | | | | | |
| Geologist Report Received | | | | | |
| UIC Distribution | | | | | |
| ALT I II III Approved by: Date: | | | | | |